



# Austrian Society for Extracellular Vesicles

[www.asev.at](http://www.asev.at)

 ASEVAustria

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## **Application for Membership in the Austrian Society for Extracellular Vesicles**

### **BOARD**

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Name and Surname: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Private address: \_\_\_\_\_

Postal contacts should be delivered to:

Private address       Professional address

Full approval of membership will be considered in the next board meeting. The current membership fee is 50 € per year and should be transferred to the bank account as indicated in the contact information below. The membership fee for students and biomedical analysts and technicians is 20 €.

Place..... , Date .....      Signature: .....

By signing this document I agree with the processing of my data electronically, and their usage in terms of the aims of the Austrian Society for Extracellular Vesicles. ASEV is obliged to collect and use only personal data which are required for serving and administration, and which are required to follow the aims of ASEV. Further information can be obtained at [www.asev.at](http://www.asev.at)